

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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2019 REGISTRATIONLobbyist Registration
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Rosehill, Linda K.

LOBBYIST FIRM/EMPLOYER (if applicable)
Rosehill & AssociatesTELEPHONE
(808) 536-2611MAILING ADDRESS (No. and Street or P.O. Box)
1088 Bishop Street, Suite 1010

FAX

EMAIL lrosehill@hawaii.rr.com

(City) Honolulu

(State) HI

(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaii Reserves, Inc.

TELEPHONE
(808) 293-9201MAILING ADDRESS (No. and Street or P.O. Box)
55-510 Kamehameha Hwy #12

FAX

EMAIL contact_us@hawaiireserves.com

(City) Hale

(State) HI

(Zip Code) 96762

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

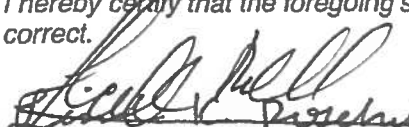
☒ Not Applicable

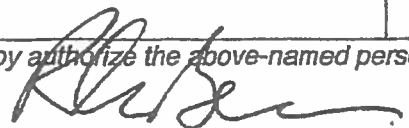
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

☒ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE

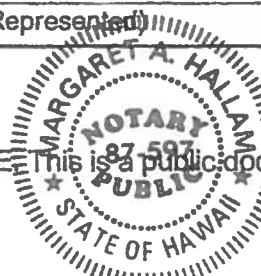
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/8/19 2/15-19 DATE	Subscribed and sworn to before me This <u>15th</u> day of <u>February</u> , 2019. By: <u>Margaret A. Hallam</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>10/10/19</u>

PART V AUTHORIZATION TO LOBBY		
NAME R. Eric Beaver	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (If applicable) Hawaii Reserves, Inc.	TELEPHONE 293-9201	
MAILING ADDRESS (No. and Street or P.O. Box) 55-510 Kamehameha Hwy, Suite #12	FAX	
(City) Laie	(State) HI	(Zip Code) 96762
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.  (Signature of Authorizing Officer or Person Represented)		
		1/8/2019 (Date)

Rev. 11/2018

NOTE: This is a public document.



Doc. Date: 2/15/19 # Pages: 1
 Name: Margaret A. Hallam First Circuit
 Doc. Description: Part III Description of Subjects on which you expect to lobby
 Signature: Margaret A. Hallam Date: 2/15/19

NOTARY CERTIFICATION